WOODCLIFF LAKE AFFORDABLE HOUSING APPLICATION FOR ELIGIBILITY & CERTIFICATION OF PURCHASERS

1. Please fully complete the attached information so that a determination of household income eligibility can be made. The required data will be used to determine if you qualify as a Potential Income Eligible Purchaser. Failure to submit complete & notarized information will result in a rejection and require the filing of another application. Written notification of change of address, phone number, household composition, income or job status must be provided. Everyone 18 years and older must submit information. If you are not currently married or living with another adult but plan to do so, complete data for all who will live in unit.

2. Attach copy of FEDERAL TAX RETURNS (FORM 1040) for the three most recent years. For the Housing Consultant to verify income, obtain Form 1040 Tax Summary from local Internal Revenue Service Center or call 1-800-829-1040, hold, as if you have a rotary phone, ask agent to mail you a copy of your 1040 Tax Summary for the three most recent years. Mail a copy of statement that you receive to this office at the address below.

3. Attach copy of most recent Pay Stub, Alimony Check, Child Support Check, Pension Check, Unemployment, Disability, Social Security Statement and Divorce Decree/Separation/Custody and/or Child Support Agreement for all family members 18 years and over. If you have an interest in a Corporation or Partnership include tax returns for the three most recent years. If self-employed, include a current Certified Profit & Loss Statement and Balance Sheet.

4. Attach a copy of the most current **Bank Statement** for all checking, savings, money market funds, certificates of deposit, pension, IRA, stock, bond, investment and/or all other types of accounts.

5. If you or co-applicant own an interest in any kind of home, building or land: include a copy of Market Value Appraisal or Realtor Comparative Market Analysis and Bank/Mortgage Co. Statement indicating Current Mortgage Balance. If you own rental property attach copies of all leases.

6. VERIFICATION OF EMPLOYMENT - Item 1-employer's address, Item 5-your name & address, Item 6-signature, Item 7-social security number. FILL OUT IN DUPLICATE (2 copies per employer). Mail one copy to us and mail one to each employer.

7. VERIFICATION OF DEPOSIT -use one form per bank, IRA, pension or investment account. Fill in Item 1-institution's name & address, Item 5-account # & information, Item 6-your name & address, Item 7-signature, Item 8-social security number. FILL OUT IN DUPLICATE (2 copies per bank). Mail one copy to us and mail one to each bank, etc.

8. The application package and a nonrefundable money order or check for \$20.00, made payable to Borough of Woodcliff Lake, should be mailed to:

Cheryl A. Zega, Woodcliff Lake Housing Consultant 700-76 Broadway, PMB 382, Westwood, NJ 07675-4848

9. If your household becomes certified you may be considered for an affordable housing unit when one becomes available. This is <u>not</u> a guarantee or promise of an affordable housing unit. Your certification will remain on record until you are notified that you may be among other applicants being considered for a unit. At that time a new application must be filed and a processing fee paid if your certification was issued more than 8 months before you were advised that a unit becomes available.

Page 1 of 7

			PURCHASER APPLICANT QUESTIONNAIRE
			COMPLETE AND INCLUDE WITH APPLICATION
<u>YES</u>	NO	<u>N/A</u>	Answer either YES, NO or Non-applicable (N/A) to each question.
<u> </u>	<u> </u>		1. Is application signed and notarized by all members 18 or older?
			 Are signed and completed federal tax returns attached for the three most recer years? If not why
		t.,	3. Did you include a copy of your pay stub, alimony, child support, pension check, welfare, disability, unemployment, or social security statement?
			4. Did you include a copy of your divorce decree, separation, custody, and/or child support agreement?
·			5. Do you own any interest in a business, corporation or partnership?
	<u></u>		6. If you are self employed did you include a Profit and Loss Statement, and Balance Sheet?
			7. Did you include an official statement for checking, savings, money market, certificate of deposit, pension, IRA, stock, bonds investment or any other deposit?
			8. Are all verifications of employment complete including your name and address, employers name and address for all persons working in the household?
			A. Has 1 copy been mailed to your employer(s) B. Has 1 copy been included in the application package?
		 	 Are all verifications of deposit complete including your name and address, account number(s) and balance(s), financial institution name and address for a members of your household?
			A. Has 1 copy been mailed to your financial institution(s)? B. Has 1 copy been included in the application package?
		· ·	10. If you own rental property, did you include copies of all leases?
			11. Did you include a check or money order for \$20.00 made payable to Borough of Woodcliff Lake'?
			12. Are you a resident of Bergen, Passaic, Hudson or Sussex County?

•

'. *•*

Household Information

Complete the following information for each household member that will occupy the unit:

Name	Relationship to			Date	Date of Birth	
First, Middle initial, Last	Head of Household	M/F	Social Security Number	1	Date, Year	
			·····			
				·		
	· · · · · · · · · · · · · · · · · · ·					
		ļ				
				·		
			·····		,	
·			· · · · · · · · · · · · · · · · · · ·			
Current Address:			•			
Daytime Phone # ()	Fax # ()		Evening Phone #	# ()		
Do you currently own your own residence						
Marital Status: Single Married Div	vorced <u>Separated</u>		Vidow(er) St	udent	_ Engaged	l
Other Please explain						<u> </u>
Answer YES or NO to each question.				· ·	YES	NO
1. Do you expect any addition to the household	within the next twelve m	nonths?	>			
2. Do you have full custody of your child(ren)?	•					-
				·		<u></u>
Explanation of custody arrangements						
· · · · · · · · · · · · · · · · · · ·						
3. Have you ever filed for bankruptcy?						_
Explanation:			· · · · · · · · · · · · · · · · · · ·			
	1 ¹²	<u> </u>	<u> </u>		·,	
·						
	·····					

Income Information Please use a separate column for each household member who is 1 of age and receives income. Annual amounts <u>(12 Months) a full year</u> must be provided. Include documentation for all income sources.

	Member 1	Member 2	Member 3	Member 4
Gross salary				
Tips, bonuses, commissions, and cash payments				
Self employment Include profit & loss statement	:			
Armed Forces pay				
Unemployment or Workmen's Compensation				
Public Assistance, General Relief Or Aid to Families with Dependent Children, welfare				
Child support and/or Alimony Any awarded amounts				
Payments from Social Security Administration	·			
Veteran's Benefits, Pensions Retirement Benefits or Annuities			·	
Severance payments		·		
Regular gifts or payments from anyone outside household				
Payments from rental property, land contracts or other real estate income				
Settlements Such as insurance				
Disability, death benefits or life insurance dividends				
Educational grants, Scholarships, or other Student Benefits				
Lottery winnings or Inheritances				·.
Any other type of income not listed above				

Asset Information

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. Asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Include ALL assets held by ALL household members including minors.

Account Information:

Please list all checking, savings, CDs, money market accounts, treasury bills, mutual funds, IRA, pension, profit-sharing and other accounts/assets held by financial institutions for all persons who will live in unit.

Name & Address of Financial Institution	Account #	Current Value	Annual Income
	· · ·		
	·		
· · · · · · · · · · · · · · · · · · ·		······	· · · · · · · · · · · · · · · · · · ·
		<u> </u>	

Asset Information:

Please list all stocks, bonds, real estate (home, building, land, mobile homes, vacation homes or commercial property), cash on hand over \$500.00 and personal property as an investment (paintings, coin or stamp collections, artwork, collector or show cars, and antiques)

Name of Asset	Current Value	Annual Income	Number of Shares/ <u>Other Information</u>
		·	
	· · · · · · · · · · · · · · · · · · ·		
		······································	
			<u></u>

Have you or any household member disposed of or given away any asset(s) for LESS than the fair market value within the past two years?

Explanation:

Zero Income Verification:		
Are YOU or is any OTHER ADULT member of your household claiming zero income? If so, who?		2
Explanation:		_
	-	
· · · · · · · · · · · · · · · · · · ·		· •
		•
Additional Information:		
Are YOU or is ANYONE in your household:	YES	NO
1. Currently a full-time student, or planning to be one within the next 12 months?		
2. Married and ourrently filing a joint tax return?		
2. Married and currently filing a joint tax return?		- <u> </u>
3. Receiving AFDC (Aid to Families with Dependent Children)?		
4. Enrolled in Job Training Partnership Act (JTPA) or another similar local, county or		
state program?		
5. A single parent with child(ren) and neither you nor the child(ren) are dependents on		
anyone else's tax return?		
6. Own or share in a business Corp Partnership Self Employed		
7. Own real estate, rental property, or land	. <u></u>	•
Section 8 Rental Assistance:		
1. Will your household be receiving Section 8 rental assistance at time of move-in?	<u> </u>	
Name of Agency:		
		·
Contact Person:		
2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the		
next 12 months?	۰.	
-Explanation:		
Name of Agency:		
All questions that were answered YES will be verified through the appropriate third-party source. It will	•	
responsibility to provide the Borough of Woodcliff Lake with all necessary information to properly proce	ss your applic	ation and

verify your eligibility. This will include names, addresses, phone, and fax numbers, account numbers where applicable and any other information required to expedite this process. If information is not promptly provided you will not be certified.

Notarized Signature

All signatures must be NOTARIZED. No application will be accepted without notarization. All members of your household 18 years of age or older <u>must</u> sign the application. If you cannot obtain original signatures, please attach affidavits empowering you to sign on their behalf.

Signature Clause

I (We) understand that the Borough of Woodcliff Lake is relying on this information to prove my household's eligibility. I(We) certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I(We) am (are) further aware and agree that the representations contained in this application, and attachments thereto relied upon by the Borough of Woodcliff Lake in connection with its determination of my eligibility shall become part of the contract/lease of the Affordable Housing Unit, and the contract may be terminated by the Borough of Woodcliff Lake, if any of said representations are round to be false or misleading.

I (We) also certify that the Affordable Housing Unit I am (we are) seeking to purchase will be used as my (our) primary residence. I (We) also certify that all income and other relevant data of all household members who will be occupying the condominium, have been fully disclosed herein. I (We) also fully understand that this application does not obligate me (us) in any way to purchase an affordable housing unit, but will be used to determine my (our) eligibility to purchase.

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
I CERTIFY that on (date)	
personally came before me and acknowledged under oa	th to my satisfaction that they are named and
personally signed this document.	
State of, County of	Notary
I CERTIFY that on (date)	(name)
personally came before me and acknowledged under oa	th to my satisfaction that they are named and
personally signed this document.	· · ·
State of, County of	Notary
I CERTIFY that on (date)	(name)
personally came before me and acknowledged under oa	th to my satisfaction that they are named and
personally signed this document.	
State of, County of	Notary
I CERTIFY that on (date)	(name)
personally came before me and acknowledged under oa	
personally signed this document.	
State of, County of	Notary

Page 7 of 7

	REQUEST FOR VI	ERIFICATION OF DE	EPOSIT	
	WOO	DCLIFF LAKE		
Part 1 - Request - A	pplicant complete items 1 t tress of INSTITUTION	hrough 7. 2. From		
1. TO. Name and add		Cheryl A. Ze 700-76 E	ga, Housin Broadway, I wood, NJ (
3. Signature	4. Title			
Woodcliff Lake Hous		ase the information requ	lested belo	w to Cheryl A. Zega,
5. Information to be v	Account in Name of	Account N	Impor	Balance
				· · · · · · · · · · · · · · · · · · ·
·				
6. Name and Addres	s of APPLICANT	7. Signatur	e of Applic	 ant
		8. Social S	ecurity Nur	nber
Part II - Verification of	of depository Depository	complete items 9 throug	h 16 Reti	Irn to address in item
9. Deposits to be ver			<u>in 10. 1.01.</u>	
Type of Account	Account in Name of	Account N	umber	Balance
	•			
10 Plazza provida d	etail on any outstanding lo			
To. Thease provide d	etal on any outstanding io	an balance(s).		
11. Please include a worthiness.	ny additional information w	hich may be of assistanc	ce in deterr	nination of credit
worthiness.			· .	
12. If the name(s) or reflected by your rec	the account(s) differ from	those listed in item 6, ple	ease supply	y the name(s) as
17. Signature of Rep	resentative	18. Title		
·				·
19. Print or type nar	ne signed above	20. Phone Number	· · · · · · · · · · · · · · · · · · ·	2:1. Date

	REQUEST FOR V	ERIFICAT	ION OF DEP	OSIT	2.400		
	WOO	DDCLIFF L	AKE				
Part 1 - Request - App	plicant complete items 1						
1. To: Name and addre	ess of INSTITUTION	2. From					
			Cheryl A. Zega 700-76 Bro Westwo		AB 382		
3. Signature	4. Title						
				·			
Woodcliff Lake Housin	institution in box 1 to rel g Consultant	ease the info	rmátion reques	ted below	to Cheryl A. Zega,		
5. Information to be ve		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
Type of Account	Account in Name of	· · · · · · · · · · · · · · · · · · ·	Account Num	ber	Balance		
				• .			
			·				
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
	·····	· · · · · · · · · · · · · · · · · · ·					
6. Name and Address	of APPLICANT		7. Signature of Applicant				
			8. Social Seci	urity Numb	er		
Part II - Verification of	depository Depository	/ complete ite	ems 9 through	16. Retur	n to address in item 2.		
9. Deposits to be verifi-	ed	· · · · · · · · · · · · · · · · · · ·					
Type of Account	Account in Name of		Account Num	ber	Balance		
		· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·					
		·····		· · · · · · · · · · · · · · · · · · ·			
10. Please provide det	ail on any outstanding lo	an halance(s	.)				
		an balance(s	· / ·				
11. Please include any worthiness.	additional information w	/hich may be	of assistance i	n determir	nation of credit		
12. If the name(s) on th							
roflastad by use	ne account(s) differ from	those listed i	n item 6, pleas	e supply t	ne name(s) as		
reflected by your record	ne account(s) differ from ds.	those listed i	n item 6, pleas	e supply t	ne name(s) as		
reflected by your record 17. Signature of Repre	ds.	those listed i	n item 6, pleas	e supply t	ne name(s) as		
17. Signature of Repre	ds. sentative	18. Title					
reflected by your record	ds. sentative				ne name(s) as 21. Date		

REQUEST FOR VERIFICATION OF DEPOSIT

			AKE			
	icant complete items 1 th					
1. To: Name and addres	ss of INSTITUTION	2. From C		ja, Housing roadway, PN vood, NJ 076	//B 382	
3. Signature	4. Title	dari <u>a</u>		-	,	
Woodcliff Lake Housing		ase the infor	mation reque	ested below	to Cheryl A. Zega,	
5. Information to be veri	ified					
Type of Account	Account in Name of		Account Nu	mber	Balance	
· · · · · · · · · · · · · · · · · · ·						
		<u></u>				
6. Name and Address c	F APPLICANT		7. Signature	ure of Applicant		
			8. Social Se	*		
Part II - Verification of d		complete ite	ms 9 throug	h 16. Returi	n to address in item 2.	
9. Deposits to be verifie			-	····		
Type of Account	Account in Name of	·	Account Nu	mber	Balance	
			1			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1			
		· · · · · · · · · · · · · · · · · · ·				
				······		
10. Please provide deta	ail on any outstanding loa	an balance(s	;).			
11. Please include any worthiness.	additional information wh	nich may be	of assistance	e in determii	nation of credit	
12. If the name(s) on th reflected by your record	e account(s) differ from t ls.	those listed i	in item 6, ple	ase supply t	he name(s) as	
17. Signature of Repres	sentative	18. Title				
19. Print or type name	signed above	20. Phone	Number	<u></u>	21. Date	

REQUEST FOR VERIFICATION OF DEPOSIT

	REQUEST FOR V	/ERIFICATION OF	DEPOSIT	
	WO	ODCLIFF LAKE		
Part 1 - Request - App	licant complete items 1			
1. To: Name and addre	ess of INSTITUTION	2. From		
		700-7	Zega, Housir 6 Broadway, estwood, NJ (PMB 382
3. Signature	4. Title			
I hereby authorize the Woodcliff Lake Housin	institution in box 1 to re g Consultant	lease the information re	equested belo	ow to Cheryl A. Zega,
5. Information to be ve	rified		······	
Type of Account	Account in Name of	Account	Number	Balance
· · · · · · · · · · · · · · · · · · ·				
			······	
6. Name and Address	of APPLICANT	7. Signa	ture of Applic	ant
		9 Casia		
• .	,	8. Socia	I Security Nur	nder
Part II - Verification of c		y complete items 9 thro	ough 16. Retu	urn to address in item 2.
9. Deposits to be verifie	ed	· ·		
Type of Account	Account in Name of	Account	Number	Balance
	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·
10. Please provide deta	ail on any outstanding ly			
	an on any outstanding it	Dan Dalance(S).		
44 51				
11. Please include any worthiness.	additional information v	vhich may be of assista	ance in detern	nination of credit
worthmess.		. ·		
12. If the name(s) on th	e account(s) differ from	those listed in item 6,	please supply	the name(s) as
reflected by your record	ds.		· · ·	
17. Signature of Repres	sentative	18. Title		
		10. 1106		
10. 0.1				· .
19. Print or type name	signed above	20. Phone Number		21. Date

REQUEST FOR VERIFICATION OF DEPOSIT

		WOOI		KE		
Part 1 - Request - Appli			rough 7.			
1. To: Name and addres	s of INSTITU	ITION	2. From			
				heryl A. Zega	-	
					badway, PN bod, NJ 076	
3. Signature	4	1. Title	L			
Ū		•				:
I hereby authorize the in		ox 1 to relea	ase the infor	mation reque	sted below	to Cheryl A. Zega,
Woodcliff Lake Housing 5. Information to be veri						
	Account in N	ame of		Account Nun	her	Balance
						· · · · · · · · · · · · · · · · · · ·
· · ·						-
						· · · ·
6. Name and Address o	F ADDUCAN		·····	7 Signaturo	of Applican	•
o. Name and Address o	I APPLICAN	1		7. Signature	of Applicati	l
				8. Social Sec	urity Numb	er
					· · · , · · · · ·	
Part II - Verification of d		Depository	complete ite	ms 9 through	16. Returr	n to address in item 2.
9. Deposits to be verifie						
Type of Account	Account in N	ame of		Account Nun	nber	Balance
			······································			
	·					-
10. Please provide deta	il on any outs	tanding loa	in balance(s).		
11. Please include any	additional info	rmation wh	hich may be	ofassistance	in determir	nation of credit
worthiness.			non may be	01 23313121100	in dotomin	intion of stear
·						
12. If the name(s) on the		differ from t	hose listed i	n item 6, plea	se supply t	he name(s) as
reflected by your record	S					
17. Signature of Repres	entativo		18. Title			
· · · · · · · · · · · · · · · · · · ·	entative	r	TO. THE			
19. Print or type name	signed above		20. Phone I	Number		21. Date

<u></u>						
	REQUEST				OYMENT	
Dort 1 Do	auget Applicant complet	WOOD	DCLIFF LA	AKE		
1. To: Nam	quest - Applicant complet e and address of EMPLC	<u>e items 1 thr</u>	ough 7. 2. From	· · · · · · · · · · · · · · · · · · ·		
			2.1100			
			C	heryl A. Zeg 700-76 B	a, Housing roadway, P	
3. Signature	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A TH-	·	Westw	ood, NJ 07	675
		4. Title				
I hereby au	thorize the employer in b	ox 1 to releas	se the infor	mation reque	sted below	to Cheryl A. Zega,
5. Name an	ake Housing Consultant d address of APPLICAN	T (include em	nlovee or t		6 Signatu	ra of applicant
				auge numbe	lo. Signatu	ne of applicant
					7. Social S	Security Number
Part II - Ver	ification of Employment -	Employer.co	molete iten	as 8 through	10 Poturn	to oddroop in item 0
8. Applicant	's Date of Employment	9. Present p	position	10. Probabi	lity of conti	nued employment
	· · ·					
11 Current	gross base pay (use ap		a a ui a al \			
Annual	gross base pay (use ap)		benoa)			
		Hourly		_ average nu	umber of ho	ours
Monthly		Weekly		_ use averag	je weekly p	ау
Bi weekly		Bi monthly	-bx=	·		
Туре	Year to Date thru	Past year 1	9	Past year 1	9	If overtime or bonu
Base pay	· · · · · · · · · · · · · · · · · · ·	· · · · · ·				is applicable, is its
Overtime						continuance likely?
Commissior	is					Ovrtime YES NO
Bonus				· · · · · · · · · · · · · · · · · · ·		Bonus YES NO
Total						
12. Date of	ast pay increase	1	13 Amoun	t of loot pour		Please circle
	oplicable information:		15. Amoun	t of last pay i	ncrease	
Part III - Aut	horized signature			· · · · · · · · · · · · · · · · · · ·		
15. Signature of employer 16. Title						
				· .		
17. Print or	type name signed above		18. Phone	Number		19. Date
	· · · · · · ·					
				······		

.....

	REQUEST	FOR VERIF			OYMENT		
Dort 1 Do	auget Applicant compl	WOOL	DCLIFF L	AKE			
1. To: Nam	quest - Applicant compl ne and address of EMPL	OYER	2. From				
				Cheryl A. Zeg 700-76 B	a, Housing roadway, F		
3. Signatur	0	4 7:41-		Westw	vood, NJ 0	7675	
		4. Title					
I hereby au	thorize the employer in	box 1 to releas	se the info	rmation reque	sted below	to Cheryl A. Zega	 ,
IVVOOACIIT L	ake Housing Consultan	t					
0. Name ar	nd address of APPLICA	in i (include en	pioyee or	badge numbe	e 6. Signati	ure of applicant	
· · ·							
					7. Social	Security Number	
		·				-	
Part II - Ver	rification of Employment	- Employer co	mplete iter	ms 8 through	19. Returr	to address in iten	<u>12</u>
	t's Date of Employment	9. Present p	position	10. Probab	ility of cont	inued employment	•
11. Current	gross base pay (use a	pplicable pay p	period)				
Annual	·	Hourly		average nu	umber of h	ours	
Monthly		Weekly		use averag			
Bi weekly		Bi monthly			JC WEEKIY J.	Jay	
Туре	Year to Date thru	Past year 1	9	Past year 1	0	If overtime or bo	
Base pay			·		J		
Overtime						is applicable, is	
Commissior						continuance like	ly?
······································					·	Ovrtime YES	NC
Bonus			······		······································	Bonus YES	NC
Total						Please circle	
12. Date of	last pay increase		13. Amour	<u>nt of last pay i</u>	ncrease		
14. Other ap	oplicable information:						
D. /							
Part III - Aut	horized signature				······································	•	
i o. oignatul	e or employer		16. Title			-	
47 5 1							
17. Print or	7. Print or type name signed above			Number	19. Date		
						·.	
		<u>-</u> <u>_</u>					

.

	REQUEST F				DYMENT	
			CLIFF LA	KE		
Part 1 - Requ	lest - Applicant complete	e items 1 thro			······································	
1. TO: Name	and address of EMPLO	IER	2. From			
			Ch	neryl A. Zega	a, Housing C	Consultant
				700-76 Br	oadway, PN	AB 382
		1.4		Westw	ood, NJ 076	575
3. Signature		4. Title				
			• • • . •			
	orize the employer in bo	x 1 to releas	se the inform	ation reques	sted below t	o Cheryl A. Zega,
	e Housing Consultant					
5. Name and	address of APPLICANT	(include em	ployee or ba	adge numbe	6. Signatur	e of applicant
						· · · ·
-					7. Social S	ecurity Number
	ication of Employment -	· · · · · · · · · · · · · · · · · · ·				
8. Applicant's	Date of Employment	9. Present p	position	10. Probabi	lity of contir	nued employment
11. Current g	ross base pay (use app	licable pay p	period)			
Annual		Hourly	·	average nu	umber of hou	urs
Monthly	· · ·	Weekly			je weekly pa	
Bi weekly		Bi monthly)	.,
Туре	Year to Date thru	Past year 1	9	Past year 1	9	If overtime or bonu
Base pay						is applicable, is its
Overtime			,		· · ·	continuance likely?
Commissions						Ovrtime YES NO
Bonus	· · · · · · · · · · · · · · · · · · ·	<u>{</u>				-
		· · · · · · · · · · · · · · · · · · ·				Bonus YES NO
Total	L]	1			Please circle
12. Date of la	ast pay increase	tentente da forma doce	13. Amount	of last pay i	ncrease	
14. Other ap	plicable information:					
			· · · · ·			
	norized signature		40 TH-			
15. Signature	e of employer		16. Title			
	·			. <u></u>		
17. Print or t	ype name signed above		18. Phone Number			19. Date
						<i>'</i> .
La <u></u>			1			

1			DCLIFF I	N OF EMPLO _AKE		· · ·
	uest - Applicant comple	te items 1 thr	ough 7.			
1. To: Name	and address of EMPLC	DYER	2. From			
				Cheryl A. Zega, 700-76 Bro		
2 Signatura		A T:41-		Westwo	od, NJ 07	675
3. Signature		4. Title				
1		4.1				
Woodcliff La	horize the employer in b ike Housing Consultant	box 1 to releas	se the info	ormation request	ted below	to Cheryl A. Zega,
5. Name an	d address of APPLICAN	IT (include en	nployee o	r badge numbe	6. Signatu	re of applicant
					7 Social	Security Number
						•
Part II - Veri	fication of Employment					
8. Applicant	s Date of Employment	9. Present	position	10. Probabili	ty of cont	inued employment
	gross base pay (use ap	plicable pay	period)			
Annual	<u></u>	Hourly	<u>+</u>	average nur	nber of h	ours
Monthly		Weekly		use average	e weekly p	bay
Bi weekly		Bi monthly		·····		·····
Туре	Year to Date thru	Past year 1	9	Past year 19		If overtime or bo
Base pay						is applicable, is i
Overtime						continuance like
Commission	s					Ovrtime YES
Bonus						Bonus YES
Total	·					Please circle
12. Date of I	ast pay increase		13. Amo	unt of last pay in	crease	
14. Other ap	plicable information:		· · · · · · · · · · · · · · · · · · ·			
		· .				· .
	horized signature		10 7:41-			
	e or employer	i.	16. Title			
<u>Part III - Aut</u> 15. Signatur			1			
15. Signatur	Vne name signed above	<u>a</u>	18 Dhon	a Number		19 Data
15. Signatur	type name signed above	9	18. Phon	e Number		19. Date

•

	REQUEST F				DYMENT	
Det 1 Det	Last Applicant complete		CLIFF LA	<u>ne</u>		
1. To: Name	est - Applicant complete and address of EMPLO	ER	2. From			
						`onsultant
				neryl A. Zega 700-76 Br	oadway, PM	
				-	ood, NJ 076	
3. Signature		4. Title	· · ·	······		
I hereby auth	orize the employer in bo	x 1 to releas	se the inform	nation reques	sted below t	o Cheryl A. Zega,
Woodcliff Lak	ke Housing Consultant					
5. Name and	address of APPLICANT	(include en	iployee or b	adge numbe	6. Signatur	e of applicant
		۰.		1 ⁰	7. Social S	ecurity Number
				0 through	10 Deture	to address in item?
	ication of Employment - s Date of Employment	9. Present	position	10 Probab	ility of contir	ued employment
0. Applicants	s Date of Employment	0.11000m	pooldon	10.1 Tobas	inty of oortin	
			-			
11. Current g	ross base pay (use app		period)			
Annual	4	Hourly	<u></u>		umber of ho	
Monthly		Weekly		_ use avera	ge weekly pa	ay
Bi weekly		Bi monthly		•		1
Туре	Year to Date thru	Past year 1	9	Past year 1	9	If overtime or bonu
Base pay	· · · · · · · · · · · · · · · · · · ·					is applicable, is its
Overtime						_continuance likely?
Commission	s					Ovrtime YES N
Bonus						Bonus YES N
Total					<u></u>	Please circle
	ast pay increase		13 Amour	nt of last pay	increase	· · · · · · · · · · · · · · · · · · ·
	plicable information:		10.741104	<u></u>		na ang kanang na
	horized signature					
15. Signatur	e of employer		16. Title			
		1,14,				
17. Print or	type name signed above	9	18. Phone	Number		19. Date